

Name  
in  
Full

Frances France

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Princeton</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u> <sup>Month</sup> <u>June</u> <sup>Day</sup> <u>25</u>	Age <u>66</u> <sup>Years</sup>		Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Mayland</u>			
Occupation <u>Housekeeper</u>	Where Residing if not at place of death <u>Princeton</u>		<u>NC</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband				
Father's Name <u>W. G. Wren</u>	Father's Birthplace <u>-</u>				
Mother's Maiden Name <u>-</u>	Mother's Birthplace <u>-</u>				
Name of person giving information <u>Dr. J. E. Noble</u>	How related to deceased <u>Physician</u>				

## CAUSES OF DEATH

Primary <u>Softening of the Brain</u>	How long <u>5 Months</u>
Immediate <u>Exhaustion</u>	How long <u>2 Short time</u>

Are the name, age, sex, color, date and place correctly given above? Yes

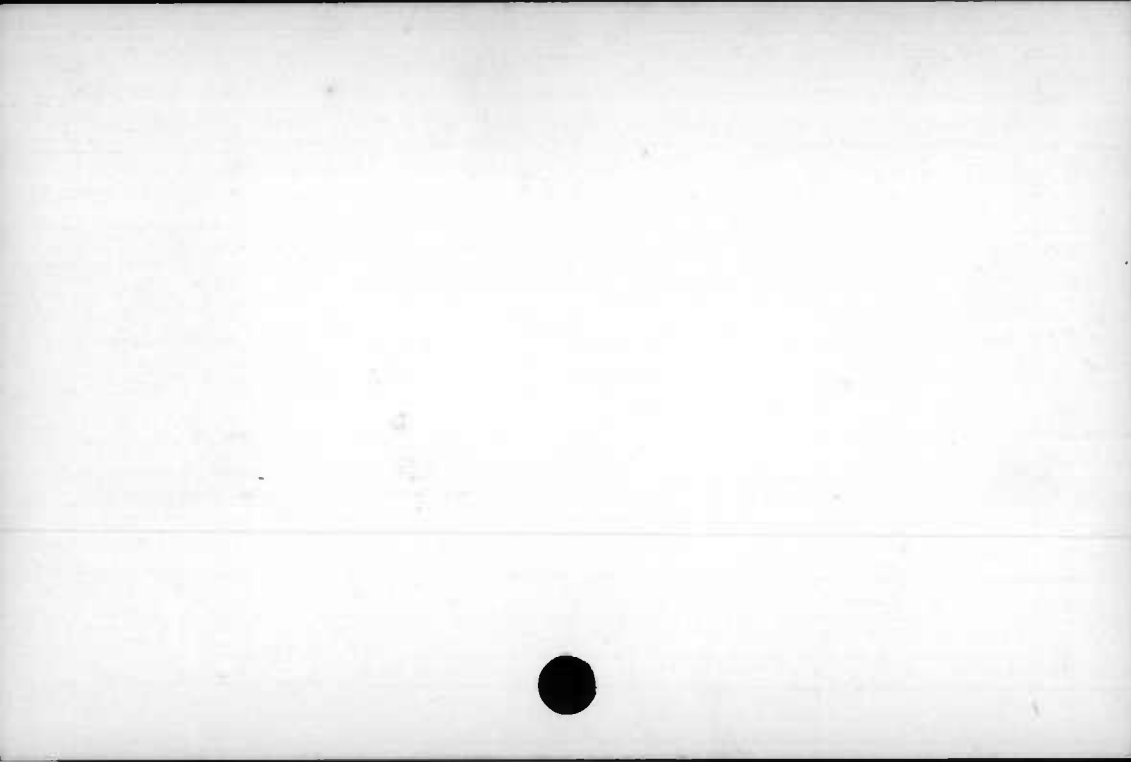
Signature of Physician

Address

Emory George M.D.  
Princeton Caroline Co  
NC

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

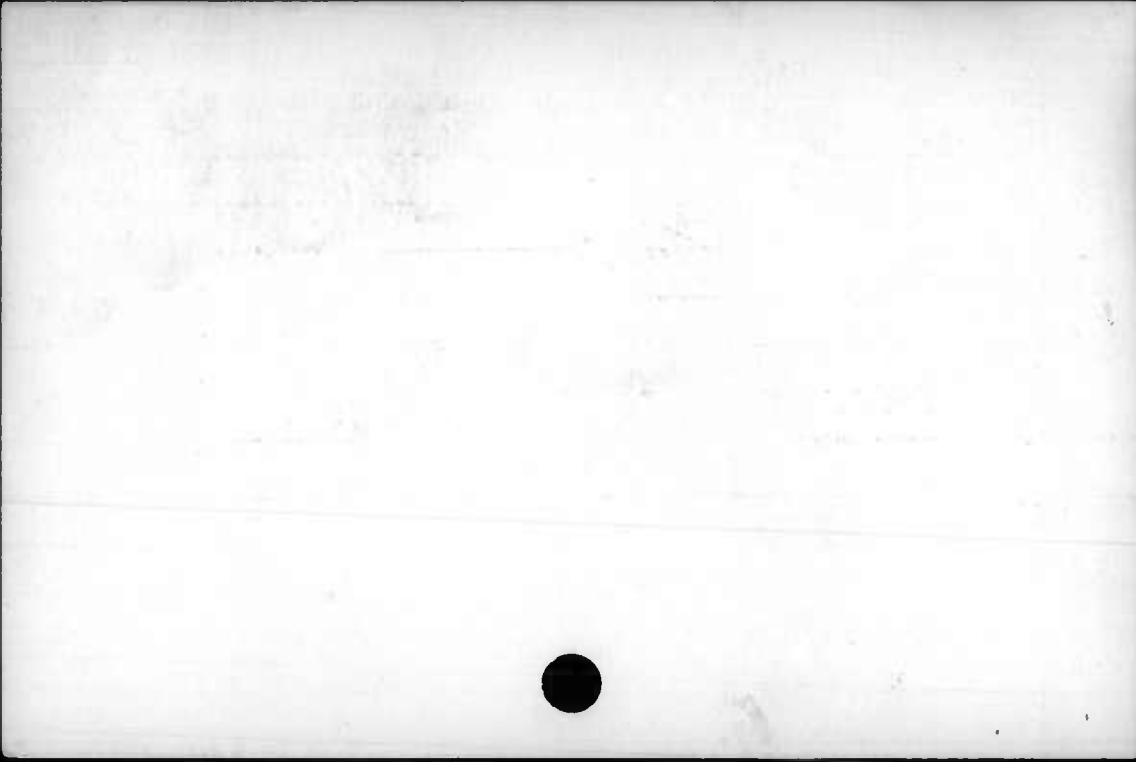
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deaton</i> Town		<i>Carlini</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>6</i>	Years <i>30</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ernest Heaton</i>				
Father's Name <i>John Anthony</i>			Father's Birthplace		
Mother's Maiden Name <i>Mary E Anthony</i>			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

Primary <i>Constriction of Lungs</i>	How long
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Nichols M.D.</i>
	Address <i>Deaton Md</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

William F. Martin

Town

County

Died at

Bridgetown

Caroline

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05

June 17

Age 18

5-20

Ind

Worked on farm

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Francis Martin

Sallie Lewis

Cause of

Primary

Poisoned by poison cake

How long sick

7 days

Death

Immediate

don't know

Accident Suicide Homicide

Reported by

H. N. Richards

Address

Ritgely, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Burial at  
Ridgely

Name  
in  
Full

Perry Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

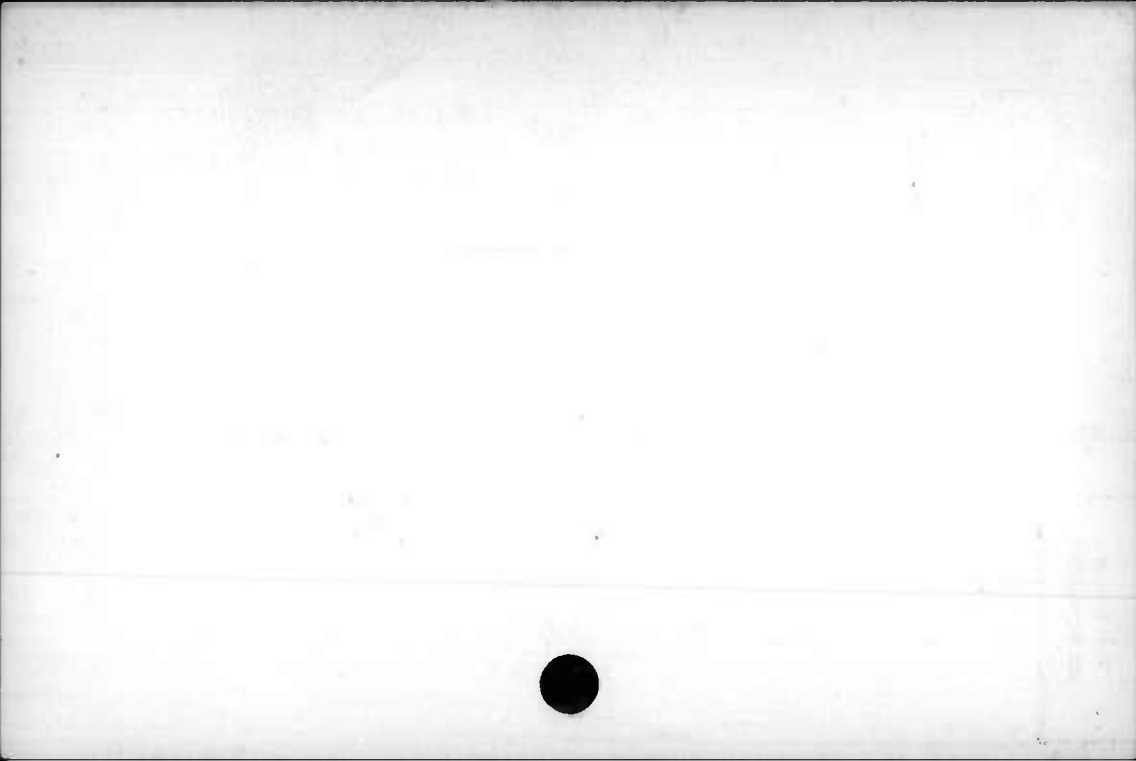
Died at <i>Denton</i> <small>Town</small>		<i>Carlin</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>24</i>	Age <i>78</i>	Months <i>11</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Denton Tenn</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Maria Ewell</i>				
Father's Name <i>Perry Thomas</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Fannie Skinner</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Eleanor Wheeler</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cyphitis &amp; Rheumatism</i>	How long <i>10 years</i>
Immediate <i>Exhaustion</i>	How long <i>short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Enoch George M.D.</i>
	Address <i>Denton Carlin Co</i>
	<i>Med</i>

Accident or Suicide?





Name  
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Full

Frank Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i> Town			<i>Caroline</i> County			MARYLAND		
Date of death <i>1905</i>		Month <i>6</i>	Day <i>2</i>	Age		Years	Months <i>4</i>	Days <i>7</i>
Sex <i>Male</i>			Color or Race <i>Black</i>			Birth-place <i>Denton</i>		
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name <i>Elmer Thomas</i>						Father's Birthplace		
Mother's Maiden Name <i>Hennie Wilson</i>						Mother's Birthplace		
Name of person giving information <i>Ruth Wilson</i>						How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long
Immediate		How long

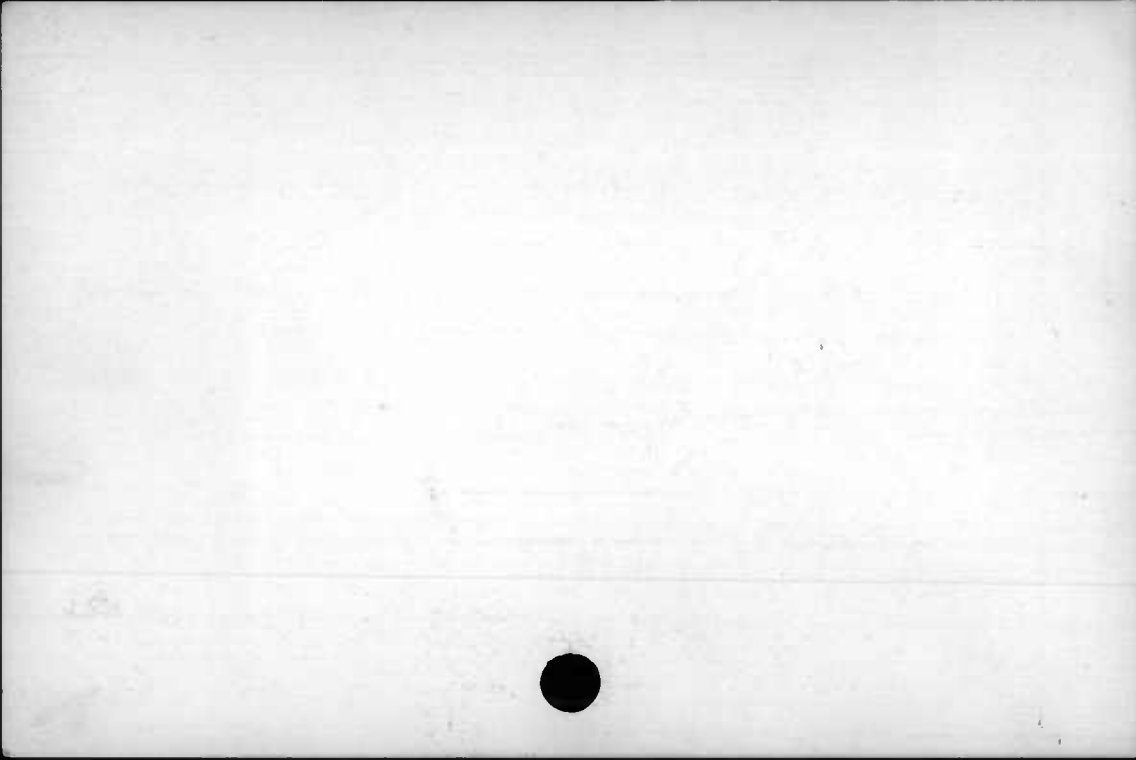
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. N. Nichols M.D.*  
*Denton Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *William Alexandre Wilson* Town *Ridgely* County *Caroline* MARYLAND

Died at *Ridgely*

Date of death *1905* Month *June* Day *24* Age *76* Years Months *1* Days

Sex *Male* Color or Race *white* Birth-place *Spencer Creek*

Occupation *Farmer* Where Residing if not at place of death *Ridgely*

Married, Single or Widowed *Widower* Name of Wife or Husband

Father's Name *James Wilson* Father's Birthplace

Mother's Maiden Name *Sarah Cresswell* Mother's Birthplace

Name of person giving Information *W. Quilley* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

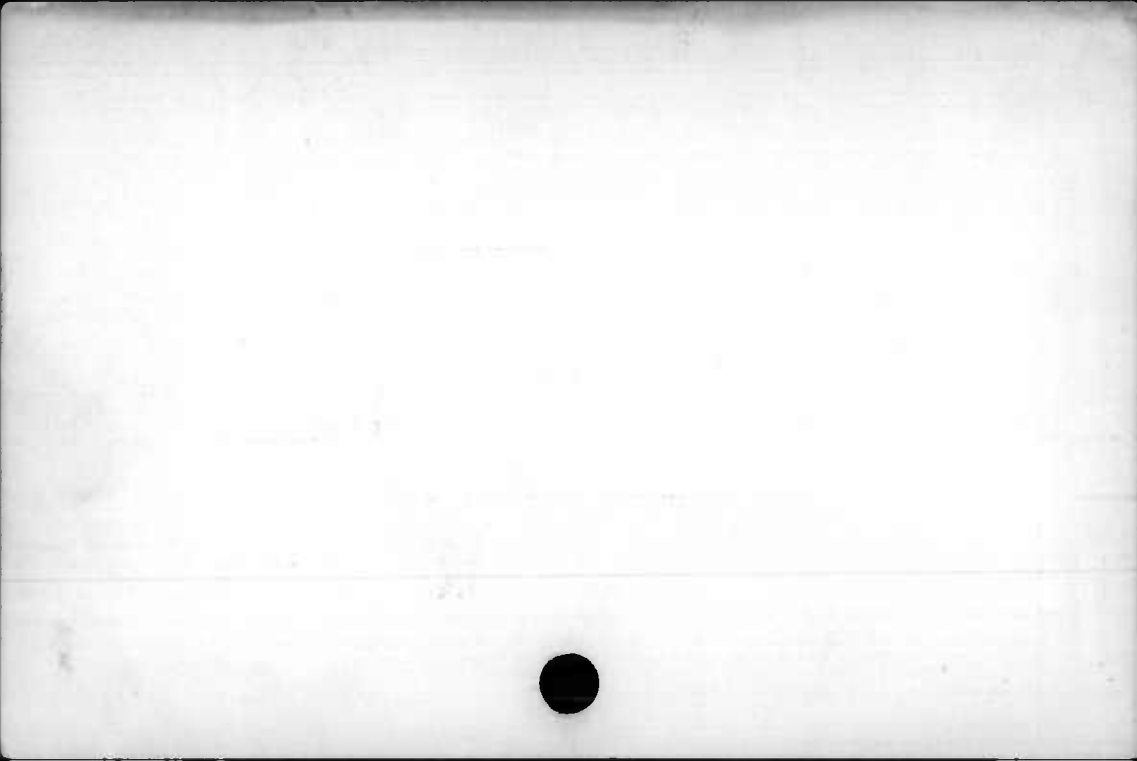
Primary *Carcinoma* How long *Three years.*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. J. Stone M.D.*

Address *Ridgely Md*

Accident or Suicide?



Name  
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Full

Geo. Wolf.

## CERTIFICATE OF DEATH

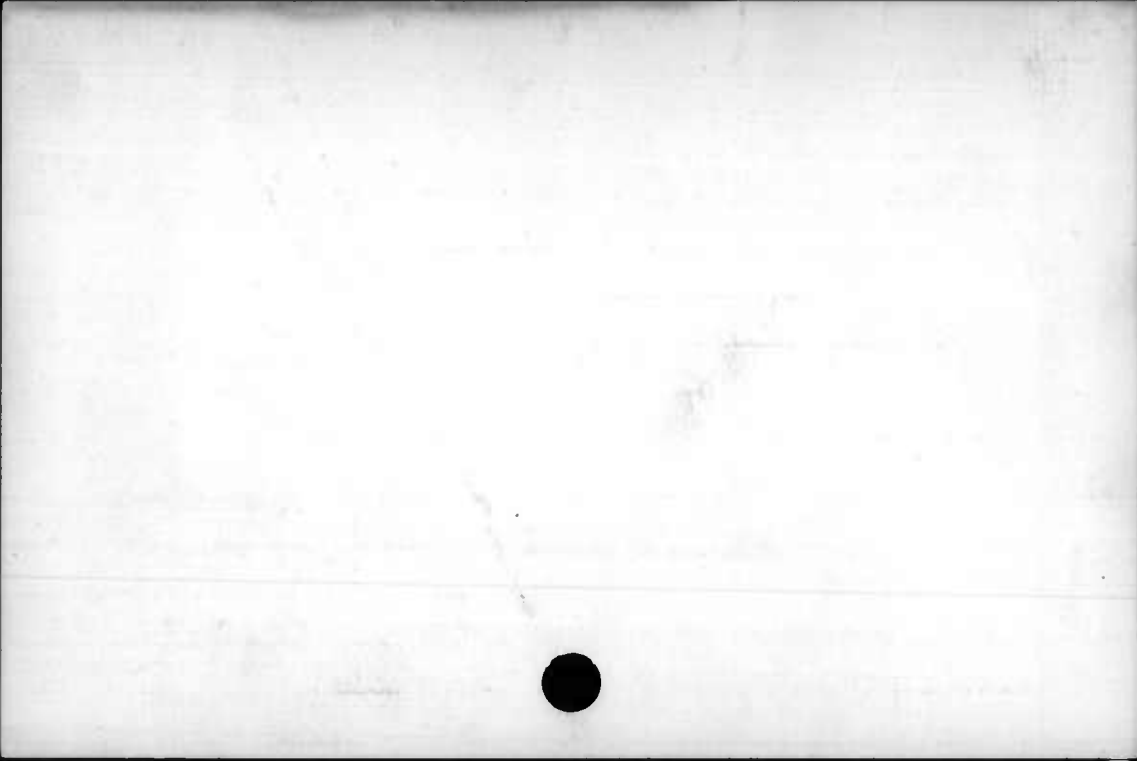
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Ridgely -		Caroline		MARYLAND	
Date of death		1905	June	6	Age	2	Months
Sex		Male		Color or Race		White	
Occupation		—		Birth-place		Md.	
Married, Single or Widowed		—		Where Residing if not at place of death		—	
Father's Name		Leonard Wolf		Father's Birthplace		Md.	
Mother's Maiden Name		Janie Whitby		Mother's Birthplace		Md.	
Name of person giving Information		G. Wolf		How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER  
1

Primary	Inanition -	How long	2 mos.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		D. D. Strain M.D.	
Address		Ridgely Md.	
Accident or Suicide?			



*Jacob C. Wright*  
 Died at *Ridgely* *Caroline* *MARYLAND*  
 Town County  
 Date 1905 *6* *21* Month Day  
 Age *62* *5* *2* Y. M. D.  
 Native of *Ind* Occupation *Carpenter*  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of  
 Wife  
 Father's Name *Peter Wright* Mother's Name *Precilla Collier*  
 Maiden Name  
 Cause of Death { Primary *Typhoid & Acute Bright* How long sick *One month*  
 Immediate ~~Accident, Suicide, Homicide~~

Reported by *H. W. Piers*  
 Address *Ridgely, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

0170111/26



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Andersonstown</i>		Town <i>Andersonstown</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>June</i>		Day <i>7</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Del.</i>		Months	
Occupation		Where Residing if not at place of death		Days			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		<i>Frank Wright</i>				How related to deceased <i>Son</i>	

## CAUSES OF DEATH

Primary	<i>Cerebral Hemorrhage</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jas H Ward</i>	
<i>Yes</i>		Address <i>Andersonstown</i>	
Accident or Suicide?		<i>No</i>	

PHYSICIAN  
OR CORONER

92/11/07/0